PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	Application of:)	
		:	Examiner: A. J. Fischer
RIKIO SHIBA ET AL.)	G
A1	NI 00/075 060	:	Group Art Unit: 3627
Appın	. No.: 09/975,968)	
Filed:	October 15, 2001	,	
	20000115, 2001	;	
For:	COLLECTING METHOD BY)	
	INFORMATION PROCESSOR, AND	:	
	ORDERING METHOD OR SALE)	
	METHOD	:	November 24, 2004
Mail S	Stop RCE		
	nissioner for Patents		•
P. O. I	Box 1450		
Alexa	ndria, VA 22313-1450		

PRELIMINARY AMENDMENT

Sir:

A Request For Continued Examination (RCE) is filed concurrently herewith. Preliminary to continued examination, please further amend the above-identified application in the following manner. The amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 10.

> I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

November 24, 2004 (Date of Deposit)

Clayton Attorney for Applicant)

> November 24, 2004 Date of Signature

In re Application of:

RIKIO SHIBA ET AI

Filed: October 15, 2001

Docket No. 00862.022245.

Examiner: A. J. Fischer

Group Art Unit: 3627

Application No.: 09/975,968

For: COLLECTING METHOD BY INFORMATION

PROCESSOR, AND ORDERING METHOD

OR SALE METHOD

Date: November 24, 2004

Mail Stop RCE THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	NDED		
£	(2) CLAIMS REMAINING AFTER AMENDMENT	·	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 53	0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 6	MINUS	***	= 0	x \$44 \$88	\$0.00
Fee for Mu	ltiple Dependent cla	aims \$150°/	/\$300			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Ronald A. Clayton Attorney for Applicants Registration No.: 26.718

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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